

## APPLICATION FORM

### FY2010 Indiana Arts Commission Regional Arts Partnership Grant Program

Refer to the Grant Guidelines as well as the Instruction Packet that explains each question and will help you complete this application.

#### SECTION A. GRANT REQUEST INFORMATION

1. Date Letter of Intent was approved for beginning application process: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Grant Program: YOU MAY APPLY FOR ONLY ONE CATEGORY PER YEAR  
☐ Arts Organization Support      ☐ Arts Project Support
3. Amount Requested \$ \_\_\_\_\_
4. Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**The Final Grant Report will be due one month from this ending date or May 1, 2010, (whichever is first).**
5. Name of JCAC staff person consulted about this application:

#### SECTION B. APPLICANT INFORMATION

1. ORGANIZATION'S LEGAL NAME:
2. Address (Street, City, State, Zip and Plus-Four Extension), County:
3. Telephone: E-mail:
4. Contact Person: Title:  
Address (Street, City, State, Zip and Plus Four Extension)  
Telephone: E-mail:
5. Authorizing Official who Signs Application (Include Name, Title, and Email)
6. Federal Employer Identification Number:
7. Applicant Institution: \_\_\_\_ (See Appendix E)
8. Applicant Status: \_\_\_\_ (See Appendix E)
9. Legislative Districts: Do **not** leave this question blank.  
State House District #: \_\_\_\_ State Senate District #: \_\_\_\_ U.S. Congress District #: \_\_\_\_
10. Is the Applicant serving as a Fiscal Sponsor: (APS only) ☐ No ☐ Yes  
If "Yes", for whom: *Include Name, Address, Telephone, FAX #, County, and Township*

#### SECTION C. COMPLIANCE STATEMENT

The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person the basis of race, color, national origin, gender, age, religion, or physical or mental disability.

\_\_\_\_\_  
Authorizing Official, Signature and Title

\_\_\_\_\_  
Date Signed

#### SECTION D. DEMOGRAPHIC INFORMATION

The Indiana Arts Commission requires the following data about your project. Estimates are acceptable. You will be asked to report actual figures on the final grant report. If the applicant is a fiscal sponsor, provide information about the sponsored organization only.

**NUMBER AND CHARACTERISTICS OF PEOPLE SERVED BY THIS GRANT AWARD**

<b>Characteristic</b>	<b>All Persons Served (including artists)</b>	<b>Artists Served</b>	<b>Staff Served</b>	<b>Volunteers Served</b>	<b>Governing Body Served (Board)</b>
<b>RACE/ETHNICITY</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>
A. Asian					
B. Black/African American					
C. Hispanic/Latino					
D. American Indian					
E. Alaskan Native					
F. Native Hawaiian/ Pacific Islander					
G. White					
<b>H. Total for each column (A-F)</b>					
<b>AGE</b>					
I. Total Children (under age 18)					
J. Total Seniors (over age 65)					
<b>DISABILITY</b>					
K. Total Persons with Disabilities					

**PROGRAM SPECIFIC QUESTION:**

Is funding sought primarily for presenting or touring? This is defined as grants or services resulting in the movement of artists or artworks for performances, reading, screening, exhibits, etc., in different geographic areas. A "Yes" response will indicate awarded funds awarded will be used for either the hosting/presentation of works originating outside of the grantee community or for the fees paid to artists or arts organizations that will, themselves, be touring in different areas.

\_\_\_\_ YES      \_\_\_\_ NO

**ARTS EDUCATION INFORMATION-PLEASE CHOOSE ONLY ONE**

\_\_\_\_ Less than 50% of this project's activities are arts education, an organized and systematic educational effort with the primary goal of increasing an identified learner's knowledge of and/or skills in the arts with measurable outcomes. Please indicate to whom the outcomes are directed (select all that apply):

- \_\_\_\_ K-12 Students
- \_\_\_\_ Higher Education Students
- \_\_\_\_ Pre-Kindergarten Children
- \_\_\_\_ Adult Learners (including teachers and artists)

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of and/or skills in the arts with measurable outcomes. Please indicate to whom the outcomes are directed (select all that apply):

- ☐ K-12 Students
- ☐ Higher Education Students
- ☐ Pre-Kindergarten Children
- ☐ Adult Learners (including teachers and artists)

☐ This project does not involve Arts Education.

#### **SECTION E. PROJECT INFORMATION**

1. Which arts related goal(s) does this project address?

- ☐ a. Contribute to the local economy
- ☐ b. Improve quality of life in the community
- ☐ c. Broaden the general public's knowledge of or skills in the arts
- ☐ d. Provide arts activities to an under-served community or group
- ☐ e. Increase individual artistic or administrative skills
- ☐ f. Increase organizational capacity
- ☐ g. Increase understanding among different cultures
- ☐ h. Increase understanding about different art forms
- ☐ i. Advance a specific art form
- ☐ j. Strengthen the arts education curriculum in local schools
- ☐ k. Other. Please specify:

(See Appendix E of Grant Guidelines for code options to use in responding to the next two questions.)

2. Type of Activity:   3. Discipline:   -

4. What county or counties will this project serve?

## **SECTION F: APPLICATION NARRATIVE**

### **ABOUT THE ORGANIZATION**

In items 1-4, if the applicant is a fiscal sponsor, respond about both organizations.

1.     **Mission Statement.**  
What is the mission and primary purpose of your organization?
2.     **Governance and Management.**  
Describe the responsibilities of your volunteer governing body. How often does the board meet? Who is responsible for the daily operations of the organization? How was this person selected?
3.     **Financial Status.**  
Describe your current financial position; include an explanation of any significant changes in your operating budget over previous years. What plans are in place for long-term resource development and/or current deficit reduction?
4.     **Past Programming.**  
Describe past programs and services as they relate to this application. Include target audiences and special populations served.

### **ABOUT THE PROJECT**

“Project” refers to the activity/ies for which funding is being requested: a distinct activity (APS applicants) or a full year of arts services (AOS applicants).

5.     **Goals and Activities.**  
What are the goals of this project or the arts organization? Describe what you plan to do, when the project will occur, where the project will take place, and how the activities will happen.
6.     **Personnel.**  
Who are the artists, ensembles, artistic resources, and other key personnel to be involved? How and why were these people selected? Who will manage the project? How and why was the project manager selected?
7.     **Educational Efforts.**  
Describe the educational goals and activities of the project. Describe briefly your organization’s arts education philosophy and outreach activities. Include educational activities for children and adults that will take place outside school-based settings.
8.     **Needs Assessment.**  
Why did you decide to offer this project? Explain how the project is directly related to your mission and long-range plans. Who is the target audience for this project? How do you know that the community, especially the target audience, wants and supports the project?
9.     **Promotion and Accessibility.**  
Describe marketing, media, and other promotional activities. How will you reach and involve underserved populations, including people with special needs? Discuss briefly your organization’s accessibility provisions.

10. **Outcomes and Evaluation.**  
Describe your plan for evaluating the value and impact of the project, including methods, activities, and timetable. Describe how past evaluation findings have been used to improve programs and services.
11. **Contingency Plan.**  
How will the project be affected if you do not receive the total amount of the funding requested in this application? Describe how the project might need to be changed to accommodate a lower funding level, or what other sources of funding will be utilized to make up the difference in funding and to preserve the full scope of the grant project/s.
12. **Project Description**  
Please provide a 1-2 sentence description of how the grant funds will be used. This statement will be printed on your official Grant Agreement Contract, used in all press releases when grant award announcements are made and provided to the Indiana Arts Commission.

## **SECTION G: PROJECT TIMETABLE**

Use the following format to provide information on the planning of your project. Include the names of all persons assigned tasks working towards the completion of the project, or for the support of the organization's many tasks. Provide dates of planning meetings, work sessions, performances, etc. Project timetable dates should correspond to the grant beginning and ending dates from page 1 of this application. (Activities falling outside these dates are not able to be funded through this grant, but can be listed on this timetable to show all activities associated with the project. List as Pre/Post grant activities.)

<b>Task</b>	<b>Personnel Responsible</b>	<b>Deadline</b>
(Provided as an example)		
Planning Session	Board of Directors	July 1, 2008
Location and dates set	Board of Directors	July 10
Publicity to 8 regional newspapers and 6 radio stations	John Smith, PR director	July 15
Registration for workshop	Cheryl Meyer	July 15-Aug. 4
Shopping for supplies	Jane Brown, treasurer	August 5
Set up classroom for Arts Workshop	Sam Johnson, Instructor	August 9
Arts Workshop	Sam Johnson, Instructor	August 10
Evaluation Meeting	Board of Directors	August 15
Final Grant Report due to JCAC	Board of Directors, Jane Brown	September 10

## SECTION H: Budget Summary

APS: Provide project budget only.

AOS: Provide expected FY2010 (July 1-June 30) annual operating budget.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
A1. Employee compensation, benefits and taxes	\$	\$	\$
A2. Professional fees and contracted labor			
A3. Space Rental			
A4. Travel/Transportation			
A5. Marketing/Publicity/Promotion			
A6. Staff Development and Training			
A7. Supplies			
A8. Other Expense-Please specify			
A9. TOTAL Cash Expenses	\$		
A10. TOTAL In-kind		\$	
A11. Total Project/Operation Expenses (add lines 9 and 10)			\$

  

ESTIMATED INCOME	
B1. Service Fees, Contracted fees, and Admissions	
B2. Corporate Contributions/sponsorships	
B3. Foundation Support	
B4. Federal Government Support	
B5. Regional/State Government Support (Non RAP grant support)	
B6. Local Government Support	
B7. Individual Contributions	
B8. Other Income-Please specify:	
B9. Total Non-RAP Cash Income--sources other than this grant program (add lines B1 through B8)	
B10. Regional Arts Partnership Grant Request	
B11 Total Proposed Cash Income (add lines B9 and B10)	
B12. Total In-kind (from line A10)	
B13 Total Project/Operation Income (add lines B11 and B12)	\$

## SECTION I: Budget Line Item Detail

Provide a detailed line-by-line explanation of the budget, identifying what expenses and income (by source) are included in each segment of the budget. Provide sufficient detail so that reader can easily identify how the amount listed for each line item was derived. Follow the same sequence as in the Budget

SUMMARY: Refer to Guidelines, Appendix D, page 25-27, for example of the required level of detail.

## SECTION J: Accessibility Statement

All applicants must complete this form.

THE APPLICANT, \_\_\_\_\_  
(insert name of applicant organization here)

- ASSURES that all arts programs, services, and activities made possible with Regional Arts Partnership funding and all facilities in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.

- ASSURES that this warranty is based on: (check all applicable)

\_\_\_\_\_ Independent accessibility assessment, completed by:

\_\_\_\_\_  
(name, title, date)

\_\_\_\_\_ Applicant self-assessment, completed by:

\_\_\_\_\_  
(name, title, date)

\_\_\_\_\_ Recommendations from a citizen advisory committee, composed of persons with disabilities.

\_\_\_\_\_ Other (specify): \_\_\_\_\_

- ASSURES that materials supporting this statement are maintained on file and are available for review upon request.

\_\_\_\_\_  
Signature, Authorizing Official

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title of Authorizing Official

\_\_\_\_\_  
Telephone Number